**Root Cause Analysis** Problem: Lack of internal and external knowledge of who to contact for what

Updated: 2012-10-09

| **Equipment & Facilities** | **People** | **Environment/Culture/Norms** | **Methods/Process** | **Policies** |
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| Geographical obstacles-people in different parts of the building or in multiple buildings around the state (IE) | Individual expertise/knowledge is not gathered and shared (I) | ‘If I don’t know already, must not be critical the project success’ (I) | ‘Grant’ think-dictated by grant funding. Stay-in-your-lane (I)  Programs are grant funded and have specific goals that they are accountable for that do not involve coordination with other programs (I) | Perceived or real lack of extra time needed to organize knowledge and write it down (I) |
| Cubical land (facility not set up for meeting with others and talking) (I) | People are dedicated by budget and time; may not have latitude to assist others (I) | ‘If my supervisor didn’t invite me to explore other sources of info, must not be critical to project success’ (I) | Grants that include aspects of tobacco outreach are given to different programs (grant winners) regardless of the level of tobacco outreach involvement/knowledge (I) | Perceived or real lack of extra time for organization of this information (I) |
| MDH is such a big department that we don’t physically run into each other (I) | Lack of intrinsic motivation to seek out all information/sources that would deliver optimal results; apathy (IE) | ‘If this isn’t standard practice, must not be critical to project success’ (I) | No definition of tobacco outreach activities (IE) | Time for sharing what programs do is not built into our work (I) |
| Geographic separation of divisions (OLF vs. Freeman) (I) | Lack of accountability to deliver optimal results. No final accounting for costs of project. Grant-driven results (IE) | Structure at MDH is complicated: (E) | Specific MDH contacts are not documented (IE) | No mandated cross-training (IE) |
| People are not documented (easy to find) when a department is so big (IE) | New employees lack knowledge: (I) | More than one person or unit/division/ etc. may be working on an issue: (E) | Org charts are of variable quality and one needs to search for them to find them (IE) | Lack of orientation/training for new employees (I) |
| People move when equipment and facilities change and so equipment and facilities are always in flux (IE) | New employees lack knowledge of whom to forward the call to (IE) | Little if any time available to learn more about other MDH programs outside of division (IE) | Sometimes org charts don’t include the “worker bees” (IE) | Works are not always dated (I) |
| Funding is always changing—especially for grant-funded projects (IE) | New staff may not know coworkers out their immediate work area (I) | No time to really get to know co-workers and others in MDH so that we know who to go to (I) | Even org charts don’t indicate what a person does (IE) |  |
| Challenges in identifying most relevant materials/resources via websites; often better to have human interaction (IE) | New employees lack knowledge about who is working on tobacco (I) | Staff are very busy trying to get core work completed – many staff are wearing several hats (IE) | Sometimes need to know the history in order to understand how current process works (IE) |  |
| Web pages are not set up to reflect past work (IE) | Staff turnover (IE)  Turnover causes people gaps that breakdown handoffs (IE) | Staff may have limited opportunity to work or interact with colleagues from other divisions (value of relationship based work) (IE) | Staff are unaware of topics covered in through programs located in other divisions, and may not be aware of topics/programs/issues that would also be relevant to their work (IE) |  |
| There are a lot of people who work at MDH (I) | Loss of “institutional knowledge” due to retirements or new people in positions and changeover (IE) | Sometimes there is little opportunity to meet colleagues working on related topics within other the department (I) | Reaching out to staff in other parts of the department sometimes requires permission up the chain of command, for even the most basic interaction (IE) |  |
|  | There may be a change in staff or in their responsibilities; MDH may lose “institutional/historical” knowledge on resources (IE) | There is no mechanism in place to meet and collaborate with colleagues from other divisions working on related topics (I) | Website not updated with current contacts (IE) |  |
|  | Some people are too shy to reach out to people they do not know (IE) | Leadership/management/staff: May not see how different tobacco outreach activities fit together to meet tobacco use goals as part of the big picture (I) | Multiple layers to get to the right contact (IE) |  |
|  | Designated “staff liaison” assigned to work with staff from other divisions may not share info regarding resources and collaboration opportunities with the others in their program (IE) | Lack of expectations (from management) for collaboration and partnerships between programs at MDH (I)  Employees are not encouraged to work with others, so there is no reason for them to build relationships outside their areas (I) | Lack of communication about what we do (in relation to tobacco activities) (IE) |  |
|  | Turf wars (IE) | Perceived or real lack of authority to reach out to others outside of program area; hinders creative problem solving and opportunities to develop relationships and collaborate when desirable (IE) | Lack of tobacco “staff directory” (IE) |  |
|  | Some supervisors actively discourage staff communication between programs and divisions (IE) | Organizational culture does not encourage staff to coordinate with others outside of their program area (Beyond token collaboration for grant applications, etc.) (IE) | Outlook is not helpful at indicating who does what (I) |  |
|  | Dependence upon one contact person (IE) | Lack of networking opportunities (I) | Job titles do not indicate what people do (I) |  |
|  | Sometimes formal credentials do not reflect past experiences that can be helpful in finding a contact (IE) | MDH cultures does not demonstrate commitment to cross-divisional collaboration (I) | There is a very good directory on the intranet that people are probably not aware of (I) |  |
|  | Lack of time to search for correct contacts (IE) | Much discussion about working outside of silos – but few practical procedures are in place to make this happen (I) | MDH is not organized by common topic areas (I) |  |
|  | Need for contact is infrequent and intermittent and roles change (IE) | “Silo” effect discourages inter-divisional communication (I) |  |  |
|  | Roles & responsibilities are not clear across MDH: (I) | “Siloed” work environment (I) |  |  |
|  | Finding information not “easy” enough on MDH website (E) | Fear of reorganization (IE) |  |  |
|  | Sometimes easier to find people if they are in a directory or if the organization is laid out on paper (IE) | Turnover in staff results in loss of institutional memory (IE) |  |  |
|  | Supervisors are controlling and don’t want employees to go outside the hierarchy (I) | Lack of clearly defined tobacco-related roles (IE) |  |  |
|  |  | Archiving is not done especially for non-published important work (IE) |  |  |
|  |  | Independence and autonomy (I) |  |  |
|  |  | Self-reliance (I) |  |  |

Key

Yellow = Internal and External, Blue = Internal, Orange = External